

# **EXHIBIT D**

**FCC Form 473  
Universal Service for Schools and Libraries  
Service Provider Annual Certification Form**

**Instructions for Completing the  
Universal Service for Schools and Libraries  
Service Provider Annual Certification Form (FCC Form 473)**

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the Federal Communications Commission (FCC) to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to be 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

**THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

**PURPOSE OF FORM**

An FCC Form 473, Service Provider Annual Certification Form, is required to be submitted to the fund administrator in order for a service provider to complete the procedure for submitting an invoice form. The Form 473 must be completed by each service provider, for each separate Service Provider Identification Number (SPIN), to confirm that the invoice forms submitted by each service provider are in compliance with the FCC's rules governing the schools and libraries universal service support mechanism (Program).

Throughout these instructions, the service provider may be referred to as "you." A service provider is any provider of eligible services or products to an eligible entity – a school, school district, library, library consortium or consortia of multiple entities. A service provider must obtain a SPIN by completing FCC Form 498, Service Provider Information Form, and submitting the completed Form 498 to the Universal Service Administrative Company (USAC). For more information about SPINs, please contact the USAC's Customer Resource Center 1-888-641-8722, or access the USAC website at [www.usac.org](http://www.usac.org).

**Universal service support will not be paid to a service provider on an approved funding commitment prior to the fund administrator's receipt of the properly completed Form 473.**

## FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

### **Who must file the Form 473?**

A Form 473 is required to be completed by each service provider, for each separate SPIN, to confirm that the invoices submitted by each service provider are in compliance with the FCC's rules governing Universal Service for Schools and Libraries. A Form 473 must be completed and submitted separately for each distinct SPIN assigned to a service provider that intends to submit invoices for reimbursement of universal service support under the Program.

### **When to File?**

A Form 473 should be submitted once each year after the fund administrator issues a Funding Commitment Decision Letter (FCDL) in which the service provider's SPIN is identified. The Form 473 must be submitted prior to the fund administrator's payment of invoices submitted by the service provider for payment of universal service support under the Program. Service Providers are encouraged to complete and submit Form 473 as soon as they receive a FCDL which identifies one of the service provider's SPINs as providing services to an eligible school, library or consortia of those entities. A service provider is only required to file this Form once each year.

### **Where to File?**

The Form 473 can be filed either online or on paper.

- **If you are filing online:** You may complete, submit and certify the Form 473 in the Required Forms section of our website at <http://www.universalservice.org/sl/tools/required-forms.aspx>.
- **If you are filing on paper:** You may complete and submit the Form 473 by filing a paper copy of the completed form, including the completed and signed certification page, with USAC. The signed form must be filed with USAC at the address listed at the bottom of the Form 473: **SLD Form 473, P.O. Box 7026, Lawrence, KS 66044-7026**. For those applicants using express delivery services or U.S. Postal Service Return Receipt Requested, send to: **SLD Forms, ATTN: SLD Form 473, 3833 Greenway Drive, Lawrence, KS 66046**, phone 1-888-203-8100. **DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FCC.**

### **Compliance**

**Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.**

All of the required information in the Form 473 must be completed, in order for this form to be accepted by the fund administrator for processing. A valid entry must be submitted on the Form 473 for each component of required information. These instructions set forth the requirements for a valid entry. If you have any questions about completing this form, please visit the Required Forms section of the USAC website at <http://www.usac.org/sl/tools/required-forms/form473-instructions.aspx>. You may also contact the SLD Client Service Bureau at 1-888-203-8100, before submitting the form. If the form is not properly completed, the form may be rejected and returned to you.

### **Where to Get More Information?**

You may call the SLD Client Service Bureau at 1-888-203-8100, send an email using the "Submit a Question" feature on the website or send a fax to 1-888-276-8736 for more information on how to complete this or other universal service forms. Information and detailed guidance is also available on the website.

## SPECIFIC INSTRUCTIONS

Type or clearly print in the spaces provided.

**A. Block 1: Service Provider Information**

Block 1 of Form 473 asks you for your basic identification information and contact person data. "You" refers hereinafter to the service provider. A service provider is any provider of eligible services to an eligible entity – a school, school district, library, library consortium or consortium of multiple entities.

**Item (1)** - Provide the name of the service provider as indicated on Form 498.

**Item (2)** - Provide the SPIN as it appears on the Form 471 FCDLs for the Funding Request Numbers (FRNs) for which you will be seeking payment of the discount from the fund administrator. One form must be completed for each SPIN assigned by USAC. All entries in Item (1) must have a corresponding entry in Item (2).

**Item (3)** - Provide the Funding Year for which your funds were approved, e.g., "1998." The funding year you supply here must be the same as the funding year contained in the FCDL for the corresponding Form 471. The 1998 Funding Year ran from January 1, 1998 through June 30, 1999. Subsequent Funding Years begin on July 1 and end on the following June 30.

**Item (4)** - Provide the name of a contact person who should be contacted with questions about this form. The contact person must be able to answer questions in a timely manner regarding the information included in this form.

**Item (5)** - Provide the mailing address for the contact person.

**Item (6)** - Provide the telephone number with area code (containing 10 digits) for the contact person identified in Item (5).

**Item (7)** - Provide the fax telephone number with area code (containing 10 digits) for the contact person identified in Item (5).

**Item (8)** - Provide the email address of the contact person identified in Item (5).

**B. Block 2: Certification**

This Block requests an authorized person, on behalf of the service provider, to certify that the service provider is in compliance with the FCC's rules governing the schools and libraries universal service support mechanism. The authorized person must certify that:

**Item (9)** - Based on information known to the authorized person or provided to the authorized person by employees responsible for the data being submitted, the authorized person hereby certifies that the data set forth in this Form has been examined and reviewed and is true, accurate and complete.

**Item (10)** - The invoice forms that are submitted by this service provider contain requests for universal service support for services which have been billed to the service provider's customers on behalf of schools, libraries, and consortia of those entities, as deemed eligible for universal service support by the fund administrator.

**Item (11)** - The Service Provider Invoice Forms that are submitted by this service provider are based on bills or invoices issued by the service provider to the service provider's customers on behalf of schools, libraries, and consortia of those entities as deemed eligible for universal service support by the fund administrator, and exclude any charges previously invoiced to the fund administrator for which the fund administrator has not yet issued a reimbursement decision.

**Item (12)** - This service provider makes available to customers, upon their request, separate prices for distinct services to assist Billed Entity Applicants in identifying the portions of their bills that represent the costs of services provided to eligible entities for eligible purposes.

**Item (13)** - The authorized person acknowledges the Fund Administrator's authority to request additional supporting information as may be necessary. The authorized person recognizes that the service provider may be audited pursuant to this form and will retain for three years any and all records that are relied upon to complete this form and each Service Provider Invoice Form that is submitted by this service provider during the present funding year.

**Item (14)** - The prices in any offer that this service provider makes pursuant to the schools and libraries universal service support program have been arrived at independently, without, for the purpose of restricting competition, any consultation,

communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered;

**Item (15)** - The prices in any offer that this service provider makes pursuant to the schools and libraries universal service support program will not be knowingly disclosed by this service provider, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

**Item (16)** - No attempt will be made by this service provider to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.

**Item (17)** - The signature of the authorized person certifying to the accuracy of the information contained in Form 473 on behalf of the service provider is required in this block. **Please note that it is essential that the signature be provided to the fund administrator.** A person authorized to sign this form must be responsible for the service provider's preparation and submission of invoice forms to seek reimbursement from the schools and libraries universal service support mechanism. This person must be able to certify to the accuracy of the invoice forms and their compliance with FCC rules.

**Item (18)** - Enter the date the Form 473 was signed. This date must include the month, day and year. This information is required to be provided.

**Item (19)** - Print the name of the authorized person certifying the information contained in Form 473 on behalf of the service provider. This information is required to be provided.

**Item (20)** - Provide the title or position of the authorized person certifying the information contained in Form 473 on behalf of the service provider. This information is required to be provided.

**Item (21)** - Provide the telephone number of the authorized person certifying the information contained in Form 473 on behalf of the service provider. This information is required to be provided.

**Item (22)** - Provide the address of the authorized person certifying the information contained in Form 473 on behalf of the service provider. This information is required to be provided.

Submit completed forms to:

**SLDS Form 473**  
**P.O. Box 7026**  
**Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested:

**SLD Forms**  
**ATTN: SLD Form 473**  
**3833 Greenway Drive**  
**Lawrence, Kansas 66046**  
**Phone: 1-888-203-8100**

Do not write in this area.

Approval by OME  
3060 - 0851  
Estimated time  
per response: 1.0 hour

**Universal Service for Schools and Libraries  
Service Provider Annual Certification Form**

Please read instructions before completing.

(To be completed by Service Provider)

**Block 1: Service Provider Information****1. Name of Service Provider****2. Service Provider Identification Number****3. Funding Year:**

July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_

**4. Contact Name****5. Complete Mailing Address of Contact Person  
Street Address, P. O. Box or Route Number****City****State****Zip Code****6. Telephone Number with Area Code****7. Fax Number with Area Code****8. Email Address****Block 2: Certification**

I certify that I am authorized to submit this Service Provider Annual Certification Form on behalf of the above-named service provider, which has been assigned the above-referenced Service Provider Identification Number, and certify to the best of my knowledge, information and belief, as follows:

9. Based on information known to me or provided to me by employees responsible for the data being submitted, I hereby certify that the data set forth in this Form has been examined and reviewed and is true, accurate and complete.

10. The Service Provider Invoice Forms that are submitted by this service provider contain requests for universal service support for services which have been billed to the service provider's customers on behalf of schools, libraries, and consortia of those entities, as deemed eligible for universal service support by the fund administrator.

11. The Service Provider Invoice Forms that are submitted by this service provider are based on bills or invoices issued by the service provider to the service provider's customers on behalf of schools, libraries, and consortia of those entities as deemed eligible for universal service support by the fund administrator, and exclude any charges previously invoiced to the fund administrator for which the fund administrator has not yet issued a reimbursement decision.

12. This service provider makes available to customers, upon their request, separate prices for distinct services to assist Billed Entity Applicants in identifying the portions of their bills that represent the costs of services provided to eligible entities for eligible purposes.

13. I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary. I recognize that I may be audited pursuant to this form and will retain for three years any and all records that I rely upon to complete this form and each Service Provider Invoice Form that is submitted by this service provider during the present funding year.

14. The prices in any offer that this service provider makes pursuant to the schools and libraries universal service support program have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered;

15. The prices in any offer that this service provider makes pursuant to the schools and libraries universal service support program will not be knowingly disclosed by this service provider, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

**Service Provider Name** \_\_\_\_\_**SPIN** \_\_\_\_\_

Contact Name		
Contact Telephone Number		
<b>Block 2: Certification (Continued)</b>		
16. No attempt will be made by this service provider to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.		
17. Signature	18. Date	
19. Printed name of authorized person		
20. Title or position of authorized person		
21. Telephone number of authorized person		
22. Address of authorized person		
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A paper copy of this form, with signature in Block 2, Item 14 should be mailed to:

SLD Form 473  
 P. O. Box 7026  
 Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD Forms  
 ATTN: Form 473  
 3833 Greenway Drive  
 Lawrence, Kansas 66046  
 Phone: 1-888-203-8100